



VERIFICATION OF CURRENT REGISTRATION

SECTION A (To be completed by applicant and forwarded to the Regulatory Body which granted your current nursing registration.)

Name: _____
Last name First name Middle name

Maiden name: _____ **Former name(s):** _____

Current address: _____
Apartment # Street Number and Name

City Province / State Postal Code / Zip Country

Date of birth ____/____/____ **My registration number in your Jurisdiction :** _____
Day Month Year

Graduated from: _____ **Date of graduation:** ____/____/____
School of Nursing Day Month Year

Date Signature

SECTION B (To be completed by the Nursing Regulatory Body and forwarded directly to NANB.)

Acting on behalf of _____, **I do hereby certify that**
Regulatory Body

_____ **a graduate of** _____
Name of applicant School of nursing

located in _____ **was issued a certificate of registration as a**
City Province/State Country

Registered Nurse on ____/____/____, **bearing number** _____
Day Month Year

The certificate was obtained by: Examination
 Endorsement

<u>EXAMINATION INFORMATION</u>	<input type="checkbox"/> CRNE
Registration Examination:	<input type="checkbox"/> NCLEX
Passing Score: _____	<input type="checkbox"/> Other (specify)
Number of times written: _____	_____

The applicant's current registration status with this authority _____ **Valid until** _____

The applicant's registration / membership status for the past five years:	Year	Status
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is this registration presently suspended, revoked, subjected to conditions or restrictions, or under investigation? Yes No

Date Printed name and Signature

Official Seal/Stamp